Modalities of Communication Form

This form is to be used by project participants in order to submit the statement of Modalities of Communication.

Date of submission	15/03/2012

Section 1: Project Details

1. Title of the CDM project activity	Tres Valles Cogeneration Project
2. Please state project ID Number if available	1066

Section 2: Nomination of Focal Point

3. Details of the entity/ies nominated as focal point

Notes:
  · **Sole** **Focal Point authority** - A signature of an authorized signatory of <u>ONLY the entity listed below is required</u> for communication related to the corresponding scope of authority.
  · **Shared** **Focal Point authority** - A signature of an authorized signatory of <u>ANY of the entities listed below is required</u> for communication related to the corresponding scope of authority.
  · **Joint** **Focal Point authority** - A signature of an authorized signatory of <u>ALL entities listed below are required</u> for communication related to the corresponding scope of authority.

Name of the entity:
Compañía Azucarera Tres Valles, S.A. de C.V.

This entity is nominated as focal point for:	Sole	Shared	Joint
(a) Authority to instruct the secretariat and communicate with the CDM EB on allocation/forwarding of CERs			**X**
(b) Authority to request the addition of project participants and/or to communicate any voluntary withdrawal and to update contact details of project participant (includes changes in company's name and legal status, addresses etc.			**X**
(c) Communication with the secretariat and CDM EB on matters related to registration and/or issuance. Select this scope if the entity is to be copied on all communication related to the project			**X**

Contact details (primary authorized signatory):	Mr.
Last name: Yibrin	Telephone:
First name: Mateo	Fax:
Email:	Address:
Specimen signature:	

Contact details (alternate authorized signatory):	
Last name:	Telephone:
First name:	Fax:
Email:	Address:
Specimen signature:	

Name of the entity: Mitsui & Co., Ltd.				
This entity is nominated as focal point for:		**Sole**	**Shared**	**Joint**
(a) Authority to instruct the secretariat and communicate with the CDM EB on allocation/forwarding of CERs				**X**
(b) Authority to request the addition of project participants and/or to communicate any voluntary withdrawal and to update contact details of project participant (includes changes in company's name and legal status, addresses etc.				**X**
(c) Communication with the secretariat and CDM EB on matters related to registration and/or issuance. Select this scope if the entity is to be copied on all communication related to the project				**X**
Contact details (primary authorized signatory):	Mr.			
Last name: Mizukawa	Telephone:			
First name: Ko	Fax:			
Email:	Address:			
Specimen signature:				
Contact details (alternate authorized signatory):	Ms.			
Last name: Saito	Telephone:			
First name: Madoka	Fax:			
Email:	Address:			
Specimen signature:				

Name of the entity: Ecoinvest Carbon Brasil Ltda.				
This entity is nominated as focal point for:		**Sole**	**Shared**	**Joint**
(a) Authority to instruct the secretariat and communicate with the CDM EB on allocation/forwarding of CERs				**X**
(b) Authority to request the addition of project participants and/or to communicate any voluntary withdrawal and to update contact details of project participant (includes changes in company's name and legal status, addresses etc.				**X**
(c) Communication with the secretariat and CDM EB on matters related to registration and/or issuance. Select this scope if the entity is to be copied on all communication related to the project				**X**
Contact details (primary authorized signatory):	Mr.			
Last name: Mazaferro	Telephone:			
First name: Marco Antonio	Fax:			
Email:	Address:			
Specimen signature:				
Contact details (alternate authorized signatory):				
Last name:	Telephone:			
First name:	Fax:			
Email:	Address:			
Specimen signature:				